PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

appropriate. All further indicated unless correct maintenance fee notifica	correspondence including delegations.	for transmitting the IS ng the Patent, advance herwise in Block 1, by	orders and notification of (a) specifying a new corre	FION FEE (if requi maintenance fees we espondence address;	ired). Blocks I through 5 s vill be mailed to the current and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
7590 08/01/2007 John C. Stringham WORKMAN, NYDEGGER & SEELEY 1000 Eagle Gate Tower 60 East South Temple				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Salt Lake City, U				(Depositor's name)		
•			_			(Signature)
•			L			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/875,444 06/06/2001		Bruce R. Baird			15184.2	5041
			TIVATED AUTOMATED		··· •	***************************************
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$ 0	\$1000	11/01/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
WOO, ISAAC M		2166	707-003000			
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unl recordation as set forth (A) NAME OF ASSIG		ified below, no assigne pletion of this form is N	te data will appear on the p OT a substitute for filing an (B) RESIDENCE: (CIT)	= ,	ee is identified below, the d	ocument has been filed for
, ,	•		Salt Lake City, Utah			
HYPERTHINK LLC Salt Lake City, Utah Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Gov						
4a. The following fee(s) a	are submitted:		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23-3178 (enclose an extra copy of this form).			
	s SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no lor	nger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if requeecords of the United State	uired) will not be acceptes Patent and Tradema	ted from anyone other than rk Office.	the applicant; a regis	stered attorney or agent; or the	ne assignee or other party in
Authorized Signature Ablu (.)				Date Oct	ober 30 , 2007	
Typed or printed name	John C. S	Stringham		Registration N	o. <u>40,831</u>	
submitting the completed	application form to the	USPTO. Time will va-	ry depending upon the indi-	vidual case. Anv coi	ne public which is to file (and initutes to complete, includin mments on the amount of the trademark Office, U.S. Depr. SEND TO: Commissioner	ne vou require to complete

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.